The TB Challenge

"Partnering to Eliminate TB in African Americans"

A Newsletter from the Division of Tuberculosis Elimination, Field Services and Evaluation Branch

Winter 2004

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Chicago Communities Working Together to Eliminate TB

Chris W. Caudill, MPH, Project Director, Chicago Department of Public Health

In August 2001, the Chicago TB Program received supplemental funding as part of CDC's grant, "Intensification of TB Elimination Activities in African-American Communities in the Southeastern United States." Using these funds, Chicago started the "TB Reduction Activities Project" (Project) to address African-American communities' disproportionately high burden of TB. The disparity in TB case rates between African Americans and non-Hispanic whites is a persistent trend. The following data highlight the striking differences between these groups:

- From 1998 to 2002, African Americans experienced 57 % of the city's total cases (1,201) while representing only 36% of Chicago's population.
- In 2002, the African-American case rate of 18.9 was more than four-fold higher than the rate for non-Hispanic whites (4.4 per 100,000).
- In 2002, out of 18 Chicago community areas with case rates above 20 per 100,000, 15 have primarily African-American populations.
- From 1998 to 2003, more than 75% of Chicago pediatric TB patients (aged 0-9) were U.S.-born African Americans.

In November 2000, Chicago Mayor Richard M. Daley and members of the City Council had already passed a resolution mandating a study of TB in Chicago to "inform, educate, and empower those communities at greatest risk to assist in the elimination of this disease." Gaining a greater understanding of the social, racial, and cultural barriers that result in significantly higher TB rates for African Americans is central to accomplishing Mayor Daley's resolution.

A review of overall Chicago community health measures and TB program data from 2002 determined the location for the intervention: 13 contiguous but different community areas on Chicago's Southside. These areas combined have a TB case rate greater than 15 per 100,000, and twice the national percentages for unemployment and infant mortality. Also, 22% of residents live below the poverty line, and only 66% of residents have a high school diploma. Dr. Paul Draus, a sociologist and former Chicago directly observed therapy (DOT) worker, commented in a speech before the Metropolitan Chicago TB Coalition: "Place encompasses not only networks and pathways, but also history, memory, and meaning. Disease is an abstract category; illness is a lived experience. Illness cannot be separated from the social context in which it

From left is Jackie Mason, Assistant to the Community Coordinator, Jonathan McClure, Community Coordinator, Donna Coppage, Health Educator, and Chris Caudill, Project Director

appears." The Project formed a task force to bring neighborhood residents, community-based organizations, and public and private health care providers together to learn about these unique African-American communities most impacted by TB.

In Phase I of the program, the task force assessed the study communities' perspectives on TB and the type of intervention desired. A total of 15 focus groups were held, with four involving Chicago TB Program staff and 11 comprising community residents. Using the results of surveys conducted for each group, as well as the minutes from community meetings, the task force eventually decided on a three-tiered intervention approach.

Chicago Projects *cont. on page 2*

Addressing TB Among African Americans in the Southeast

Nick DeLuca, MA, Jane Mezoff, DrPH, CHES, Rachel Royce, Ph.D., MPH

Nick DeLuca

Dr. Rachel A. Royce

Tuberculosis (TB) disproportionately affects African Americans, particularly in the southeastern states. This long-standing health disparity has come under increased scrutiny by the Institute of Medicine, the Congressional Black Caucus, and the Advisory Council for the Elimination of Tuberculosis (ACET). In May 2003, ACET and CDC convened a 2-day summit in Atlanta, Georgia, inviting key opinion leaders from African-American communities throughout the United States. The summit focused on the historically high case rates of TB among African Americans in the southeastern states, and sought to engage participants in addressing this disparity. Participants at the summit called for increased research and resources to improve TB prevention and control efforts in these populations.

One response has been a CDC Division of TB Elimination (DTBE) formative research and intervention study entitled "Addressing Tuberculosis Among African Americans in the Southeast."

This project is directed by the Communications, Education, and Behavioral Studies Branch (CEBSB) of DTBE. The research will be conducted through a task order of the TB Epidemiological Studies Consortium (TBESC). In September 2003, the Research Triangle Institute (RTI) site of the TBESC was selected to carry out this study in collaboration with CEBSB. RTI and CDC have established a multidisciplinary team to assist them in guiding this activity. This protocol development team represents a partnership with southeastern states (GA, TN, MS, NC, SC, AL, AK), as well as with academic partners at the University of South Carolina Institute for Families in Society; the Emory University Rollins School of Public Health; and the Charles P. Felton National TB Center at Harlem Hospital.

The project objectives are to -

- Determine the barriers to health seeking behavior and treatment adherence for African Americans with or at risk for TB
- Determine barriers to TB guideline adherence among providers who serve these populations
- Develop and test interventions to overcome identified barriers
- Improve partnerships and collaboration among TB programs and providers/organizations serving these populations

As of February 2004, the protocol development team was formed. A literature review is currently in progress, instrument development is underway, and data collection is scheduled to begin in spring 2004.

An Eyewitness Account: TB Past and Present

Chris W. Caudill, Senior Public Health Advisor, Chicago Department of Public Health

Gennell Wilson

Ms. Gennell Wilson is a Communicable Disease Investigator (CDI) for the Chicago TB Program and proud of it! Born and raised in Chicago, she has spent the last 20 years protecting the health of the city she loves.

Chris Caudill: How did you become interested in public health work?

Gennell Wilson: I studied liberal arts in school and had numerous jobs that taught me what I did not want to do. When I eventually took a job with the city as a health education aide, I liked the field work and working with people.

CC: What brought you to the TB program?

GW: After I was laid off as a health education aide, a friend told me about an opening in TB. I think I got the job because, being from Cabrini-Green, I did not fear the projects or other "difficult" areas where patients may live.

CC: Tell me about the early days working with TB.

GW: "A happy worker is a productive worker" is not just a cliché. Upon hiring me as a CDI in 1983, then Program Director John Kuharik assured me that my paycheck would not be compensation for my labor, but the satisfaction in helping to save lives and reduce the spread of TB would be my reward. What an understatement! Twenty years later I am still here and I love my job. John was right. After one of my quarantined patients needlessly died of TB, I made a personal commitment to the patients and my job.

CC: What interests you most about your job?

GW: I consider myself the patient's advocate. Communication is the quintessential element of my work. I speak up and out against compliance barriers. I think one of the greatest barriers is the health care worker's attitude. I often tease new Investigators by telling them to keep a roll of toilet paper around because in this job we kiss a lot of butts. I love the challenge of persuasion. At the start of the conversation, they (patients) tell you they don't want the meds, but at the end they are taking them and asking when you are coming back.

CC: How has Chicago changed over the years?

GW: Chicago has changed and forced TB to change as well. The old "skid row" once littered with my drunken clients, either in their chickenwire-cage rooms or lying in their urine on the street, is now the "West Loop Area." What was once a soup kitchen is now a Starbucks. Many of the CHA [Chicago Housing Authority] high-rises where we walked up and down six or eight flights are now townhouses, lofts, and condominiums.

CC: TB rates in Chicago are over four times higher for African-Americans than whites. How can this disparity be reduced?

GW: I don't think we can treat TB in anyone without treating the patient as a whole. We must address their needs. If not, TB remains secondary to their concerns. Recently, I had a 15-year-old client who had not been to school in over 2 years because she had no clothes. I took it personally. I took her to the store and we shopped. She had a new attitude and her very large family, who had been hostile, became receptive. We must act as a resource for referrals to agencies that can help with housing, health, and economic problems. We need to understand all the needs of the patient.

CC: What can an individual field worker do?

GW: Field workers need to remove attitudinal barriers like prejudice, ignorance, fear, insensitivity, bigotry, stereotyping, and intolerance. I think all health care workers should show respect, understanding, trust, a genuine concern, objectivity, sensitivity, and patience with the patients. For me, those are the secret ingredients to compliance. Also, cultural sensitivity training needs to be more than just a class. You need to become involved in activities in different communities to get help in understanding community perspectives.

A Black History Salute


Dr. Charles P. Felton

Charles P. Felton, MD, served as Associate Director of Medicine at Harlem Hospital from 1973 until his retirement on June 30, 1998. He is a graduate of the School of Medicine (Switzerland), where he received his MD degree in 1956. After residency in internal medicine at Harlem Hospital and after a 2-year stint as a Captain in the U.S. Air Force Medical Corps, he completed his fellowship training in Pulmonary Medicine at St. Luke's Hospital, New York City (NYC) from 1963 to 1965. Dr. Felton returned to Harlem Hospital in July 1965 to establish the Pulmonary Division and the Pulmonary Functions Laboratory; he has held a faculty appointment with the Columbia College of Physicians and Surgeons since 1965 and tenure of title since 1974.

Over the years Dr. Felton has served on the boards of directors of several distinguished professional organizations, including the New York Lung Association. He was president of the National TB Controllers Association (NTCA) from 1975 to 1977 and president of the New York State Thoracic Society from 1990 to 1991. In 1983, he was an invited panelist at the first National Institutes of Health's 3-day workshop on the pulmonary complications of HIV/AIDS. Also, that year he served as the U.S. Agency for International Development (USAID) consultant to Haiti to study and submit recommendations on the management of the TB endemic there. From 1986 to 1994, he was Chair of Governor Cuomo's Committee on the State of Black Health in New York. In 1993, he was appointed by then-Secretary of DHHS Donna Shalala to the Advisory Council for the Elimination of Tuberculosis. That same year, he was awarded the American Lung Association's "Will Ross Medal" for his many years and efforts in the control of lung disease in the United States. He played a pivotal role in the establishment of the National Tuberculosis Center at Harlem Hospital (Harlem TB Model Center), one of only three in the country. This clinic, funded by CDC, was dedicated as "The Charles P. Felton Tuberculosis Center" by NYC Commissioner of Health Margaret Hamburg in March 1996.

Dr. Felton has been a tireless advocate for the health needs of the African-American community. During the decades when TB case rates consistently declined, he continued to point out to Congressional leaders and CDC officials that African-American communities, such as Harlem, had not benefited from these advances. In 1992, Harlem reported a TB case rate of 240.2/100,000; this was a rate comparable to many developing countries. Due to his efforts and those of the NYC Bureau of TB Control, Harlem reduced its rates to 39.4/100,000 in 2002.

Dr. Felton and his wife currently reside in New Jersey.

Submitted by Dr. Paul Colsen, Program Director, Charles P. Felton National Tuberculosis Center.

Chicago Project Highlights (Cont.)

The first component of the intervention is to review Chicago TB Program procedures and practices as they relate to African-American communities. The TB Program is performing a retrospective data study and conducting patient interviews to compare TB program actions in primarily African-American communities and other communities. Study variables include DOT assignment, case reporting by private medical doctors, patient compliance, improving health care utilization, and TB education efforts. The Project will work with the TB Program to implement suggested changes. The response to and value of implemented changes will be assessed quarterly.

The second component is describing the existing health-care provider networks in African-American communities and evaluating the current referral systems that affect TB case finding and treatment. The results of the focus groups and a review of TB case reporting institutions helped identify major community TB care providers. The Project is forming a working group of community health-care agencies to discuss and implement referral system improvements. The project is also partnering with a private hospital to develop a satellite TB clinic in the intervention area.

The third component is developing specialized TB messages targeted to specific African-American audiences. The project health educator will conduct 20 randomized client interviews and review focus group responses to help build a social marketing campaign. Messages will be piloted at 10 community sites to determine the strength of content and effectiveness of delivery channels. The project evaluator will use a pretest and posttest tool to measure message retention. Specialized TB messages and delivery channels will be monitored monthly and adjusted as needed.

The African-American communities that are the focus of these interventions have a great need for intensified TB prevention, control, and elimination activities. Within their geographic boundaries are numerous, varied groups and individuals, each with their own definitions of community and their places in it. The Project must recognize, evaluate, and address these differences to improve the health status in African-American communities.

Minority Health Resources:

Visit the CDC web page at www.cdc.gov, click on Health Topics and select M to view announcements, upcoming conferences, meetings, trainings, reports, publications, and other minority health-related resources.

CONTACT US ...

If you have story ideas or articles to share, or would like to provide comments, please e-mail Gail Burns Grant at gab2@cdc.gov or call 404 639-8126.

To add/delete someone on our mailing list, please contact Vivian Siler, Management & Program Analyst, DTBE/FSEB, by e-mail at vas6@cdc.gov or 404 639-5319.